UNITED PIONEER HOME

210 PARK AVE

LUCK 54853 Phone: (715) 472-	2164	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operat:	ion: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04)	: 75	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	75	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	61	Average Daily Census:	57

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	8
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26.2
Supp. Home Care-Personal Care	No No	Dorrolenmental Disabilities		 Under 65	1.6	1 - 4 Years More Than 4 Years	52.5 21.3
Supp. Home Care-Household Services Day Services	No	Developmental Disabilities Mental Illness (Org./Psy)	0.0 60.7	Onder 65 65 - 74	1.6 4.9	More Inan 4 Years	21.3
Respite Care	No	Mental Illness (Org./Psy) Mental Illness (Other)	0.0	65 - 74 75 - 84	21.3	 	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	75 - 84 85 - 94	63.9	 **********************	*****
Adult Day Care Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	8.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0	j		Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	į	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	14.8	65 & Over	98.4	İ	
Transportation	No	Cerebrovascular	4.9	j		RNs	10.9
Referral Service	No	Diabetes	3.3	Gender	%	LPNs	8.6
Other Services	No	Respiratory	1.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.1	Male	26.2	Aides, & Orderlies	37.9
Mentally Ill	No			Female	73.8		
Provide Day Programming for			100.0	ĺ			
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	142	31	79.5	117	0	0.0	0	18	90.0	142	0	0.0	0	0	0.0	0	51	83.6
Intermediate				8	20.5	97	0	0.0	0	2	10.0	135	0	0.0	0	0	0.0	0	10	16.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		39	100.0		0	0.0		2.0	100.0		0	0.0		0	0.0		61	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period							
3 11 1 3 1 1 1		İ			% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	31.4	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	8.6	Bathing	0.0		34.4	65.6	61
Other Nursing Homes	14.3	Dressing	21.3		21.3	57.4	61
Acute Care Hospitals	42.9	Transferring	39.3		19.7	41.0	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.9		19.7	52.5	61
Rehabilitation Hospitals	2.9	Eating	54.1		18.0	27.9	61
Other Locations	0.0	*******	*******	*****	******	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	35	Continence		8	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	9.8	Receiving Resp	iratory Care	4.9
Private Home/No Home Health	29.7	Occ/Freq. Incontiner	nt of Bladder	37.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	23.0	Receiving Suct	ioning	0.0
Other Nursing Homes	10.8				Receiving Osto	my Care	4.9
Acute Care Hospitals	2.7	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.9	Receiving Mech	anically Altered Diet	s 44.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	56.8	With Pressure Sores		4.9	Have Advance D	irectives	85.2
Total Number of Discharges		With Rashes		1.6	Medications		
(Including Deaths)	37	İ			Receiving Psyc	hoactive Drugs	54.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.0	87.4	0.87	85.5	0.89	85.9	0.89	88.8	0.86
Current Residents from In-County	95.1	76.6	1.24	71.5	1.33	75.1	1.27	77.4	1.23
Admissions from In-County, Still Residing	45.7	21.5	2.13	20.7	2.21	20.5	2.23	19.4	2.36
Admissions/Average Daily Census	61.4	125.9	0.49	125.2	0.49	132.0	0.47	146.5	0.42
Discharges/Average Daily Census	64.9	124.5	0.52	123.1	0.53	131.4	0.49	148.0	0.44
Discharges To Private Residence/Average Daily Census	19.3	51.0	0.38	55.7	0.35	61.0	0.32	66.9	0.29
Residents Receiving Skilled Care	83.6	95.2	0.88	95.8	0.87	95.8	0.87	89.9	0.93
Residents Aged 65 and Older	98.4	96.2	1.02	93.1	1.06	93.2	1.06	87.9	1.12
Title 19 (Medicaid) Funded Residents	63.9	69.6	0.92	69.1	0.93	70.0	0.91	66.1	0.97
Private Pay Funded Residents	32.8	21.4	1.53	20.2	1.62	18.5	1.78	20.6	1.59
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	60.7	40.3	1.50	38.6	1.57	36.6	1.66	33.6	1.80
General Medical Service Residents	13.1	17.9	0.73	18.9	0.69	19.7	0.67	21.1	0.62
Impaired ADL (Mean)	60.7	47.6	1.27	46.2	1.31	47.6	1.28	49.4	1.23
Psychological Problems	54.1	57.1	0.95	59.0	0.92	57.1	0.95	57.7	0.94
Nursing Care Required (Mean)	7.6	7.3	1.04	7.0	1.09	7.3	1.04	7.4	1.02